SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Washburn, WI 54891 (715) 373-6138 Planning ar PO Box 58 Bayfield County
Planning and Zoning Depart.

> BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

Date Styling (Sex einen) Œ UU

Date: Permit #: Amount Paid: 1080

Bayfield Co. Zoning Dept

Refund:

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02 2014

\$ 55,0000 27,50000 INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. 89335 Authorized Agent: TYPE OF PERMIT REQUESTED-Existing Structure: (if permit being applied for is relevant to it) Proposed Construction: * include donated time & material Owner's Nam □ Non-Shoreland DAY TO (WOR X Address of Prop of Completion Value at Time Shoreland Owner(s): Proposed Use PROJECT LOCATION Rec'd for Issuance Municipal Use Commercial Use Residential Use (If there are Multiple Owners listed on the FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES except that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which the accept liability which is a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the vertical property at any reasonable time for the purpose of inspection. Comments of the Comments of th Section KATHE & え、スシスターン 1/4 74 Construction In Company (Person Signing Application on behalf of Owner ☐ Conversion
☐ Relocate (existing to ☐ Run a Business of ☐ Run a New Construction ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes---continue Legal Description: (Use Tax Statement) ☐ Is Property/Land within 300 feet of River, Stream (Incl. Internitient)

Creek or Landward side of Floodplain? If yes—continue —▶ Property Addition/Alteration , Township CAN Project < **M**. 🗆 1200 I ANNONG SANITARY ☐ PRIVY
 Mailing Address: Other: (explain) Special Use: (explain) ______
Conditional Use: (explain) رار ال Accessory Building Addition/Alteration (specify) **Accessory Building** Addition/Alteration Mobile Home (manufactured date) Bunkhouse w/ (☐ sanitary, or Residence Principal Structure (first structure on property) 9 De N, Range and/or basement with a Porch
with (2nd) Porch
with a Deck (i.e. cabin, hunting shack, etc. with Attached Garage with (2nd) Deck with Loft Basement No Basement SHAG 2-Story 1-Story + Loft 1-Story # of Stories Foundation C Lot(s) (specify) (specify) 115-558-3449 Agent Phone: Contractor Phone: 75-555-3449 PIN: (23 digits) 665 FAIRMOUNT AVE ST. PAUL CHY/State/Zip: 4 ≶ 1437 CSM 010-2 🗆 sleeping quarters, or 🗆 **Proposed Structure** BANK TANK Length: Length: 🛚 Year Round Seasonal 8 342 Town of: s) of authorization must accompany this application) νol Use 50-06 & Page 7 ☐ CONDITIONAL USE 15353N ST. RO. N/AAgent Mailing Address (include City/State/Zip): 3 X None Distance Structure Distance Structure is from Shoreline : bedrooms 54844 CHARAGEN ٤ w N cooking & food prep facilities) <u>으</u> # Lot(s) No. City/State/Zip: Sanitary (Exists) Spa None Width: Municipal/City (New)-Sanitary Block(s) No. 7 Compost Toilet is from Shoreline: HANAMED WI, 54843 | 1 | 1 MN SSIOS SPECIAL USE Sewer/Sanitary System Is on the property? I What Type of Volume Subdivision: feet Specify Type: Type Specify Type: 7 Date **Dimensions** Is Property in Floodplain Zone? B.O.A. × ıxıx ××××× × \times \times > <× Height: No □ Yes Ξ. 65 1 - 245-Plumber Phone: Telephone: Attached Cell Phone: Written Authorization e. Property O Acreage Page(s)_ Ó 33 Are Wetlands Present? Square Footage Ownership) ≫ No No. X Well 1926 Water City

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Address to send permit 1533(1) STATE RO

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(If you are signipe

owner(s) a

letter of authorization must

accompany this application)

Date 61

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Authorized Agent:



SUBMIT: COMPLETED APPLICATION, STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

JUL 09 2014

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Bayfield Co. Zoning Dept.

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U. ROMAN'S PT. RO HERSSTER, WI.	12. C. TALLY P. R. R. HERBYTER WI.		☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITION ☐ Mailing Address:	SUED TO APPLICANT. SANITARY PRIVY CONDITION Mailing Address:	MN 5510:5 Cell Phone:	-f'			FA IZMONT			& GA	$\overline{\omega}$
ROTHE & GAIL AMUNDSON 1065 FAIRZMONT ANE ST. City/State/Zip: City/State/Zip: Contractor Phone: Plumber: Contractor Phone: Plumber: Contractor Phone: Plumber:	ROTHE & GAIL AMUNDSON LOGS FAIRZMONT AND ST. TODOTH: TODOTHE & GAIL AMUNDSON LOGS FAIRZMONT AND ST. TODOTH: TODOTHE & GAIL AMUNDSON LOGS FAIRZMONT AND ST.	ME & GAIL AMUNDSON 1065 FAIRMONT AVE ST.		SUED TO APPLICANT.	☐ SPECIAL USE ☐ B.O.A. ☐ OT Telephone:		L USE State/Zip	CONDITIONA City/	Address:	□ SAN		STED-	OF PERMIT REQUE

Address to send permit <u>/ ろろろろん</u>

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54843

Attach
Copy of Tax \$tatement
property send your Recore
PICKED

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must accompany this application)

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WHEAPPLICANT-PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE TO

Authorized Agent:

(If you are signing

Hold For Sanitary: Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Date of Inspection: Permit #: Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Signature of Inspector: Condition(s):Town, Committee or Board Conditions Attached?

NJ Manuar Inspection Record: ライメスケ Permit Denied (Date): Issuance Information (County Use Only) Setback to Privy (Portable, Composting)

rior to the placement or construction of a structure within ten (10) feet of the minimum representation of the properties of the owner's expense other previously surveyed corner or marked by a licensed surveyor at the owner's expense Setback to Drain Field Setback to Septic Tank or Holding Tank Setback from Granted by Variance (B.O.A.) Setback from the **East** Lot Line Z Was Parcel Legally Created X Yes 口 No Was Proposed Building Site Delineated 口Yes 口 No ソビンレン Is Parcel in Common Ownership
Is Structure Non-Conforming Please complete (1) - (7) above (prior to continuing) Is Parcel a Sub-Standard Lot 日のの るころかで (1) (2) (3) (4) (5) (7) the Established Right-of-Way the Centerline of Platted Road Show any (*): Show any (*): Show: Show: Show Location of: Show / Indicate: Stake or Wark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Setbacks: (measured to the closest point) Show Location of (*): NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. Soll Control Case #: E Hold For TBA: ☐ Yes (Deed of Record)
☐ Yes (Fused/Contiguous Lot(s))
☐ Yes accession 7 (*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% Proposed Construction North (N) on Plot Plan Ours ware Inspected by: Sanitary Number: Permit Date: Measurement person ☐ **Yes** ☐ **No** (If No they need to be attached.) 150 20 D D 100 Hold For Affidavit: * The N N N N N N N N N Feet Feet Feet Feet Feet Feet 3 Bress WHEN SICK FENCE Previously Granted by Variance (B.O.A.) Mitigation Required Mitigation Attached なるころ Were Property Lines Represented by Owner
Was Property Surveyed Elevation of Floodplain Setback from Wetland 20% Slope Area on property Setback from the River, Stream, Creek Setback to Well Setback from the Bank or Bluff Setback from the Lake (ordinary high-water dary line from which the setback must be measured must be visible from one previously surveyed corner to the Changes in plans must be approved by the Planning & Zoning Dept. 8 Hold For Fees: F # of bedrooms: □ Yes Description Z 8 My MONTH Affidavit Required Affidavit Attached mark) Lakes Classification Zoning District Dies previonst Sanitary Date: Date of Re-Inspection Date of Approval: Yes Measurement □ Yes R B S 3/8 No Feet Feet Feet Feet

elow: <u>Draw or Sketch your Property</u> (regardless of what you are applying for)



Print Date: 07/03/2014 Image Date:04/25/2009 Level:Neighborhood

X & mark

STATEMENT AND FEE TO:
STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Shapp (Regive uru ____ Jul

 \subseteq 022014

Refund: Date: Permit #: Amount Paid: SLA てられ (ن

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	TIL ALL PERMITS	HAVE BEEN ISSUED TO APPLI	CANT.	ANT.				
TYPE OF PERMIT REQUESTED—> Owner's Name:	70.00	☐ LAND USE ☐ SANITAR	SANITARY PRIVY	CONDITIONAL USE	9	SPECIAL USE	□ B.O.A. □ Teleph	OTHER
in in	Anderson	336	3364 North View Lane		Woodbury MN	1 55/25	651-	651-815-7550
Address of Property:		St. City	City/State/Zip: (brnucojoja WI		54827 Town	in of R	Cell Phone: 651-295	Cell Phone: 65/-295-5730
ν.		Cont	Contractor Phone:	mber:			Plumbi	Plumber Phone:
erson	Signing Application on behalf of Owner(s)		Agent Phone:	Agent Mailing Address (include City/State/Zip):	ldress (include (Sity/State/Zip):	Written Attach	Written Authorization Attached I Yes I No
PROJECT LEGAL DO	Legal Description: (U	(Use Tax Statement) PIN:	PIN: (23 digits) 04-010-2-50-06-	\$-1 o4	-000-40000		Recorded Document: (i.e. Property Ownership Volume 951 Page(s) 507	Property Ownership SO 7
1/4,1	1/4		CSM Vol & Page	Lot(s) No.	o. Block(s) No.	Šubdīvisi		
Section (O , Tov	Township 50	N, Range 6 W	Town of:	B()		Lot Size		Acreage 5.54
	operty/Land wi	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —	itream (incl. Intermittent) If yes—continue —	Distance Structure			Is Property in Floodplain Zone?	Are Wetland
□ Snoreland —► □ Is Pro	perty/Land w	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Pond or Flowage If yescontinue —	Distance Structure		is from Shoreline : feet	\(\times\)	X Yes
Ƴ Non-Shoreland │								
ion e &	Project	# of Stories and/or basement	Use	# of bedrooms	000000 0 gg 00	What Type of Sewer/Sanitary Syste Is on the property?	pe of ny System operty?	Wate
0000+ New	New Construction	1 🗷	☑ Seasonal	Н	☐ Municipal/City		Coodifi, Tuno.	□ City
П	Conversion			1 1			ify Type:	2 2 (
□ Run a Bu	Run a Business on	□ No Basement		None	☐ Portable (w/se		vice contract)	Ц.
Property □	erty	☐ Foundation ☑ Pilings on Fasting	G		□ Compo	Compost Toilet None		
Existing Structure: (if permit being applied Proposed Construction:	nit being applie	d for is relevant to it)	Length:	(b)	Width:	16	Height:	
Proposed Use			Proposed Structure	re		D	Dimensions	Square Footage
	☐ Principal S	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	cture on property) shack, etc.)				×)	
Q Residential like	·	with Loft	energian energy de la particular de la p				××	
		with (2 nd) Porch	THE PROPERTY OF THE PROPERTY O				×	
		with a Deck				- 0	× ×	
☐ Commercial Use		with Attached Garage	ırage	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(×	
1 1		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or	☐ sleeping quarters,		cooking & food prep facilities)	ilities) (
	\downarrow	Mobile Home (manufactured date)		- I			× ×	9
☐ Municipal Use	Acces	Addition/Alteration (specify) Accessory Building (specify)	enc losed	parch				6
	$\vdash \vdash$	≥	Alteration (specify)		with the state of		X)	
Rec'd for Issuance	S S S S S S S S S S S S S S S S S S S	Consist Hook (avalais)					× .	
		Conditional Use: (explain)	- In the state of					
7	Other	Other: (explain)		teman, and		-	×)	
Secretarial Staff FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES [(we) declare that this application fincluding any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. (we) acknowledge that I (we)	FAILUR FAILUR	E TO OBTAIN A PERMIT <u>or</u> STA	RTING CONSTRUCTION	WITHOUT A PERM	NIT WILL RESULT	IN PENALTIES		
(we) deciare that this application is	ENCIDED BY ALLOW	the information! had been pya	TOT OT DOES NOT A SECURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tailed has anhalist	DUR LIGHTON GILLS 3. 4.	myse laws I welacknown	(aw) trdt achaham

Owner(s): ________(If there are Multi

listed on the Deed ${
m All}$ Owners must sign ${
m or}$ letter(s) of authorization must accompany this application)

erre

hulerson

30 Un

nation I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further jon I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to pose of Inspection.

Authorized Agent:

Address to send permit

(If you are signing on behalf of the nit 3364 Nov-1h

View ner(s) a

Woodboury

MN

Attach

Copy of Tax Statement

Gopy of Tax Statement

From recently purchased the property send your Recorded Deed

Date

letter of author ARC